

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

15222

FILED APR 22 1953

State File No.

BIRTH NO.		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>85</u>	
1. PLACE OF DEATH a. COUNTY <u>PHELPS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MARIES</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROLLA</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (Jefferson Township)</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>McFarlands Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>0630</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ULYSSES</u> b. (Middle) <u>CRIDER</u> c. (Last) <u>CRIDER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 15 - 1953</u>			
5. SEX <u>0</u> <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>July 24th 1871</u>	
9. AGE (In years last birthday) <u>81 yrs</u>		10. IF UNDER 1 YEAR Months Days Hours Mins.		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>			
13a. FATHER'S NAME <u>DANIEL CRIDER</u>		13b. MOTHER'S MAIDEN NAME <u>SALLY ADKINS</u>		14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CHESS MITCHEM, BELLE, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility - Hypostatic pneumonia</u> (b) <u>1 week (?)</u>							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>794X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-12-1953</u> , to <u>seen once only</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:45 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. E. Fend</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Rolla Mo.</u>		23c. DATE SIGNED <u>4-16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/17/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crider Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gasconade County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 16, 1953</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoeck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sagssmann's Funeral Service</u>		ADDRESS <u>Bland</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Charles Sassen

Licensed Embalmer No. 4178

P. O. Address Blair - W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.